



PETITION FOR MEDICAL MARIJUANA REFERENDUM

TO: The governing authority of the Municipality of _____.
We, the undersigned qualified electors of the Municipality of _____,
State of Mississippi, hereby petition that an election be called on the question of whether or not the
_____ of medical cannabis and cannabis products shall be
permitted in said municipality as provided in the Mississippi Medical Cannabis Act of 2022.

- | | |
|---|--------------------------------------|
| 1. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 2. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 3. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 4. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 5. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 6. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 7. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 8. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 9. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 10. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |

Copy this form for succeeding pages.
The opening paragraph must appear on each page containing signatures.